

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number _____ Filing Date _____	
							Applicant(s) RENTMEESTER, P. C. ET AL.	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.							
2		1						
3		1						
4		3						
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6	Ind.							
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12	Ind.							
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15	Ind.							
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18	Ind.							
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Total Indep	10							
Total Depend	30							
Total Claims	40							

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Total Indep						
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3690 U.S. PTO
 09/738089
 12/15/00

CLAIMS ONLY

SERIAL NO.

09738089

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	30	↓		↓		↓
TOTAL CLAIMS	40					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS